

## WOMAN'S MISSIONARY UNION OF VIRGINIA

P. O. Box 8435, Richmond, VA 23226      2828 Emerywood Parkway 23294  
Telephone: 804-915-5000 or -800-255-2428      Fax: 804-672-8008  
Email: [wmuva@wmu-va.org](mailto:wmuva@wmu-va.org)      Website: [www.wmu-va.org](http://www.wmu-va.org)

# BASS CAMPER SCHOLARSHIPS

## Qualifications and Guidelines

**Woman's Missionary Union of Virginia (WMUV) provides financial need scholarships to assist Girls or Children In Action and Acteens or Youth on Mission through the summer camping program at CrossRoads Camp and Conference Center. This scholarship was established by Robert Bass in honor of his wife, June Bass.**

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*Scholarship aid shall be given to qualifying Girls in Action (GA), Acteens, Children in Action (CIA) or Youth on Mission (YOM) who are active in either of these organizations and who attend a church affiliated with the Baptist General Association of Virginia (BGAV). Applicants are eligible for one scholarship per camping year.*

*Scholarship aid may be given to qualifying applicants from a state or country which is actively involved in a Partnership Missions initiative of the BGAV.*

*Scholarship aid may be given to a current camp staff team to go to another state or country to assist that state or country with the summer camping program for one week.*

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1. Applicants for the Bass scholarship should be actively attending GA, Acteens, CIA, YOM. Applicants must be recommended for the scholarship by the GA, CIA, YOM, or Acteens leader/director and the WMU director of the local church from which they come or other qualified leaders of mission centers, state associations, or as approved by the Board of Trustees of the WMUV.
2. Applicants must meet the requirements for summer campers at CrossRoads. Applicants from another state or country applying for scholarship aid involving travel must be at least 10 years old. Applicants must be able to obtain written permission from parents or guardian to travel in the USA and provide passport and other papers, if necessary. Applicants must be willing to assume all responsibilities for travel and personal safety.
3. Applicants should be deemed in financial need by their leader/director based on the current financial situation of her/his parents/guardian. The leader/director should determine that the parents/guardian cannot pay the current camping fees for summer camp. A written recommendation from the leader/director must be attached to the application explaining the current situation and need.
4. Two state/international scholarships for current camping fees, plus transportation and travel, not to exceed a total of \$1,000, will be available per year, as funds permit. Applications for these scholarships must be submitted by May 15 of current camping year.

5. After their camp experience, applicants are required to write a one page summary of "What I Learned or Experienced at Camp." This should be mailed to: Scholarships, WMUV, P. O. Box 8435, Richmond, VA 23226. The leader/director may assist the camper with this assignment.
6. Availability of scholarships will be limited to the funds provided by interest earned, donations, or not more than 15% of unrestricted funds. A group or church may request up to four scholarships. Applications for scholarships must be made through the WMUV office no later than three weeks prior to attendance at summer camp.
7. Scholarship approval is subject to available space at CrossRoads.
8. Applications will be reviewed and evaluated by two of the following: the Executive Director/Treasurer of WMUV, Director of CrossRoads, or the Summer Camp Director. Scholarship recipients will be sent a letter of confirmation, health form, and camp brochure upon approval. Scholarship applications involving foreign countries must be approved by the Board of Trustees of WMUV.
9. Scholarship aid to send a team of currently employed camp staffers to another state to work in their summer camping program for one week will be available as funds permit, as determined by the Board of Trustees of WMUV. The Camp Director will submit a proposal for scholarship aid to the Board of Trustees of WMUV, listing destination, reason for going, formal request from the state receiving the team, and costs. The team may be comprised of no more than four people who have been recommended and approved by the Director of CrossRoads and the Executive Director/Treasurer of WMUV. The approval of the team will also be subject to the best interest of the summer camping program at CrossRoads.
10. Applicants shall be endorsed by the Board of Trustees of WMUV.

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*P. O. Box 8435 Richmond, Virginia 23226*

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**BASS SCHOLARSHIP APPLICATION  
GA/ACTEENS/COED SUMMER CAMP**

\_\_\_\_\_ (Year)

Date \_\_\_\_\_

**Camper's  
Name** \_\_\_\_\_

**Parent/Guardian's Name  
Address** \_\_\_\_\_

\_\_\_\_\_ (City)

\_\_\_\_\_ (State)

\_\_\_\_\_ (Zip)

Telephone Number (H) \_\_\_\_\_

(W) \_\_\_\_\_

Date of Birth: \_\_\_\_\_

School Grade Next September: \_\_\_\_\_

**Church:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_ (City)

\_\_\_\_\_ (State)

\_\_\_\_\_ (Zip)

**Pastor:** \_\_\_\_\_

**Association:** \_\_\_\_\_

**Do you attend a missions group for children/youth: i.e., Children/Youth in Action/Coed/GA's/Acteens?**

Yes  No If yes, Name/Description: \_\_\_\_\_

**What do you like best about your missions group? (Please use the back if needed.)**

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**Why do you want to attend GA/Acteens/Coed camp?**

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**GA/Acteens/CIA/Youth DIRECTOR** \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

(City)

(State)

(Zip)

(Position)

**WMU DIRECTOR** \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

(City)

(State)

(Zip)

**As a condition of receiving the scholarship all applicants are required to write a one page summary of "What I Learned or Experienced at Camp." This should be mailed to: Scholarships, WMUV, P. O. Box 8435, Richmond, VA 23226. The leader/director may assist the camper with this assignment.**

Signed \_\_\_\_\_  
(Parents/Guardian/Camper)

Applications should be mailed to:

Bass Scholarships  
WMU of Virginia  
P. O. Box 8435  
Richmond, VA 23226

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**BASS SCHOLARSHIP APPLICATION  
GA/ACTEENS/CIA/YOUTH LEADER/DIRECTOR RECOMMENDATION**

\_\_\_\_\_ (Year)

Date \_\_\_\_\_

Camper's Name: \_\_\_\_\_

Church: \_\_\_\_\_

Pastor: \_\_\_\_\_

**BRIEF EXPLANATION OF THE CURRENT SITUATION OF GA/ACTEEN:** *Please use back, if needed.*

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**RECOMMENDATION:**

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**LEADER/DIRECTOR** \_\_\_\_\_  
Signature

Position: \_\_\_\_\_

*Application and recommendation from the leader/director should be mailed to:*

*Bass Scholarships  
WMU of Virginia  
P. O. Box 8435  
Richmond, VA 23226*

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**BASS SCHOLARSHIP APPLICATION  
GA/ACTEENS/COED EXPERIENCE AT CAMP**

\_\_\_\_\_ (Year)

To be completed after camp:

Date \_\_\_\_\_

Camper's Name: \_\_\_\_\_

Church: \_\_\_\_\_

Pastor: \_\_\_\_\_

Date attended camp: \_\_\_\_\_

**SHARE YOUR CAMPING EXPERIENCE:**

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*(Please continue on the back of this form, if needed.)*

Please mail the written explanation to:

Bass Scholarships  
WMU of Virginia  
P. O. Box 8435  
Richmond, VA 23226